OCCUPATION RECORD EXACTLY. classified. properly pe supplied may plain c 00 Item PO CAUSE OF Important. m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.;....Ward) a hospital or Institution. give its NAME lostead of street and number. 7 \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at f day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) in Broughi 2 (State or country) 10 NAME OF FATHER (Signed). ..., 1914. (Address) Yazz 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ...... ds. State ... Where was disease contracted. If not at place of death?-Former or usual residence. BURIAL OR REMOVAL DATE OF BURIAL ADDRESS REGISTRAR

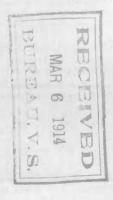
If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be Indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Leaithfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH WRITE N. B.

PLACE	Tun	100	STATE OF I	
- Chine	Trundel.	189	CERTIFICATE	OF DEATH
			A Registration	Dist. No. 26
Village or City	chendre	(No	St.;	[If death occurred in
Village Of Oily		(NO		a hospital or institution, give its NAME instead
	Ma		Grminer	of street and numbar.]
²FULL N	IAME Mary	Coca-	The state of the s	18.5 mgs meg med 0 mb0
PERSONAL	AND STATISTICAL PART	TICULARS	MEDICAL GERTIFICA	TE OF DEATH
3 SEX 4 C	OLOR OR RACE SINGLE,	· marries	16 DATE OF DEATH	1914
tenell 10		the word)	(Month)	, , , , , ,
part w	(Write	tne word)	1	That I attended decessed from
DATE OF BIRTH		,1877	fel ( , 191 , to	feld 9 , 191 4.
W.	(Month) (I	Day (Year)	that I last saw h alive on	Jela 9 , 191 4
TAGE		If LESS than	and that death occurred on the date a	stated above, atm,
37	In next fun	1 day,hrs.	The CAUSE OF DEATH* was as follo	ws;
BOCCUPATION	yrsmos	ds.   ORmin. ?	below enlosis (	Rulmonary)
(a) Trade, profession, or	Nouse wife		Topic of	
particular kind of work		***************************************	4 www.	
business, or establishment	t in		(Ouration	n)yrsds.
which amployed (or amploys				now
State or country)	Manfland		Secondary	
10 NAME OF	n Inal		(Signed) Marlane and	n)ds,
FATHER	avid MO.	oy .	(Signed) naman and	, M. O.
11 BIRTHPLACE	11,	/	191 (Addrass)	Uso Turnso
OF FATHER (State or could  2 12 MAIDEN NAM OF MOTHER	ntry) Maylar	is t	*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJUE TAL, SUICIDAL, OF HOMICIDAL.	H, or, in deaths from VIOLENT
MAIDEN NAM	11 1 1	1		
<u> </u>	Alurietta a	gres	18 LENGTH OF RESIDENCE (FOR HOSE OR RECENT RESIDENTS)	TTALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or cour	ntry) May lu	. 6		n the State yrs, mes ds
THE ABOVE IS TRU		KNOWLEDGE	Where was disease contracted,	21010 mmm. 3134 mmm. 111034 mmm. U3
011	16 O done		if not at place of death?	***************************************
(Informant)	Ale C	1/ 1	usual residence	***************************************
(Address)	Mc Rendree	110	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	00011	27	Herring Creek Chucel	126 12 , 1914
Filed tel-//	191 4 Me At	corie	Howard Lacro	- Desaley Mil
6	doas	REGISTRAR	Wetch	Quant ord
	If more blanks are needed	l, address State Regis	trar, 6 E. Franklin St., Balto., Requesting	V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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# STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in .Ward) a hospital or Institution. give its NAME losfead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 6 aINGLE, 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from B DATE OF BIRTH 13 (Day) (Year) (Month) 7 AGE If LESS than 1 day hrs. OR ..... mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (B) General nature of Industry. business, or establishment in which employed (or employer) -----(Secondary) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country \_\_\_\_ yrs. .... mos. .... State ..... yrs, \_\_\_\_ mos. Where was disease confracted. If nof at place of death?-Former or usual residence. OB REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

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1 PLACE	OF	DEATH
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# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

iliage	or Gity Paradena	(No

PERSONAL AND STATISTICAL PARTICULARS

...Ward)

If death occurred in a hospital or institution, give its NAME Instead of street and number.]

DATE OF BURIAL

ADDRESS

3 51	emale	4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wor	ed)	16 DATE OF DEAT
6 D/	ATE OF BIRT	H Fub.; (Month)	fifth (Day	, 1914 (Year)	on 7.65 5
TAC		Stiller	osds.	if LESS than 1 day, hrs. OR min.?	and that death occ
(a) par (b) bus whi	CCUPATION Trade, profession ticular kind of w General nature of iness, or establ ch employed (or	ork of industry, ushment in	<u> </u>		
9 BI	RTHPLACE (State or cou	mary			Contributory
RENTS	11 BIRTHPL	ACE HER r country) Ban	Betch Umou		*State the Dis CAUSES, State (C TAL, SUICIDAL, O
PAR	13 BIRTHPL	ACE Gola &	rene D	wall.	18 LENGTH OF RE OR RECENT RESI At place of death yrs,
	(informant)	STRUE TO THE BEST	kean		Where was disease col if not at place of death Former or usual residence
15	(Address).	Enrligh		nc.	Classon.
-	. Let 9	me LS	Mellinasi	and and	20 UNDERTAKER

medical certificate of peating
16 DATE OF DEATH For Apple , 1914 (Month) (Day (Year)
17 I HEREBY CERTIFY, That I attended deceased fro-
- Jara
on 7et 5 th, 1914, to 191
that I last saw h 42 allow on Feb 5th 1914
^
and that death occurred on the date stated above, at 7.32 p
The CAUSE OF DEATH* was as follows:
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(Ouration) yrsmos
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7et 6 - 1914 (Address) Earligh 1716 gad
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDETAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
OR HECENT HESIDENTS/
At place in the of death yrs, mos ds. State yrs, mos, t
Where was disease contracted,
if not at place of death?
Former or
usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF BURIAL OR REMOVAL

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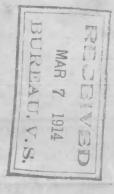


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certificate. o back uo Instructions mportant. Every

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If more blanks are needed, address State Registrar, 6 El Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

Ilt death occurred in

(Year)

a hospital or institution,

give Its NAME Instead of street and number.]

In the

State ...... yrs. \_\_\_\_ mos. ..... ds

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Furmer (retired 6 yrs.) For persons "Foreman," (6)

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valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "inanition," "Maras "Collapse," "Coma," "Convnlsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As ample: thre of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tnmor" for malig-Always qualify all diseases resulting from Measles (disease cansing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-"Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 B THAN V.S.

V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS N. B.—Every item of information should be CAUSE OF DEATH in piain terms, so important. See instructions on back or WRITE

1193 1 PLACE OF DEATH

County Some Grandel

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;-------Ward)

[It death occurred in a hospital or Institution, giva its NAME Instead ot street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6	rex 4 COLOR OR RACE 5 SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended decessed from
6 D	Televary / 19/4 (Month) (Day (Year)	that I last asw h slive on , 191
TA		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(p)	OCCUPATION  1) Trade, protession, or protession or protess	donot know Cauxe
wh	siness, or establishment in all the employed (or employer)  IRTHPLACE (State or country)  Translated in the employer of the em	Contributory Mufrances Secondary Secondary
TS	10 NAME OF FATHER BREATH	(Signed) Unglan and , M. O. Gebil , 1914 (Address) West River Md
PARENT	(State or country) Manyland  12 MAIDEN NAME OF MOTHER  12 MAIDEN THE TOTAL AND THE STATE OF THE	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
14 -	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Af place in the ot deathyrsmosds. Stateyrsmosds  Where was disease contracted,
	(Informant) males Breut	It not at place of death?  Former or  usual residence
16 FI	led Fel / 191 4 Allan award PEGISTRAR	Council Star Centery Jeb. 194  20 UNDERTAKER  DATE OF BURIAL  DATE OF BURIAL  ADDRESS
	If wore blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

inaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. who receive a dcfinite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (c. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of cte.), "Dropsy," "Exhaustion," Never report



PERMANENT 4 INK-THIS UNFADING PLAINLY, WITH state Very

PHYSICIANS should of OCCUPATION is

Exact statement

properly classified.

carefully supplied.

certificate.

See instructions on back of

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DEATH IN

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information

WRITE 90 BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(b) General nature of industry,

business, or establishment in which employed (or employer) .....

EXACTLY.

RECORD

1 PLACE OF DEATH County Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day (Ye (Month) TAGE If LESS 1 day ...

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:---.Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

	MEDICAL CERTIFICATE OF DEATH
la la	16 DATE OF DEATH (Month) (Day (Year)
/3.	17 I HEREBY CERTIFY, That I attended deceased from  1914, to 1914, that I last saw h. Ara, allye on 1914.
than	and that death occurred on the date stated above, at //// m,
hrs.	The CAUSE OF DEATH* was as follows:
,,,,,	a dama
***************************************	Sloveral (Duration) was a page to
	Contributory Helent Salual
_	Secondary Lethers for grand (Octation), yes mos ds.
	(Signed) John Statut, M. D.
Ž.	Charles (Address) Through the
ra	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
no	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	If not at place of death?
no	usual residence.
7 - 7 (	abbum Cent. 2 2 1914
AR	20 UNDERTAKER ADDRESS  E. H. B. Carles - 91 Par 92 WEST ST

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTA

No. 02



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," If the occupation has As examples: "Foreman."

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

accidental, suicidal, or homicinal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant ueoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite discase can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendatious on statement of State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BUREAU. V.S.

V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLACE OF DEATH 1195 unty a. a. lage or City Transell No. Ma	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	L S QUIDLE	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended decoded from
8 DA	TE OF BIRTH  Left 8 , 1913  (Month) (Day) (Year)	that I last saw have allive on the date stated above at 5 mm.
TAG	e If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above at m.  The CAUSE OF DEATH * was as follows:
(a) part	CUPATION Trade, pretession, or icular kind of work	Princo Pnimma
busir	Beneral nature of industry, less, or establishment in h_employed (or employer)	(Ouration) yrs. mos. 4 ds.
9 BII	ate or country)	(Secondary)  (Doration) yrs. mos. ds.
	10 NAME OF FATHER Richard Brown	(Signed) Will a b ferts, M. O.  Fib 2 7, 191 (Address) Cultur Bay
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	OF MOTHER hang banon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14=	13 BIRTHPLACE OF MOTHER (State or country)  Note: Cacolina  No	At place In the ot death yrs. mos. ds. State yrs. mos. ds.
	Informant) hide and your	If not at place of death? Former of usual residence
45	(Address) Transled Ing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	Leb. 2 7,191 H IB Anton ma)	20 UNDERTAKER ADDRESS NO. 74 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

imaterial worked on may form part of the second cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puepperal septichaeetc; when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) .... (name origin; "Can-State cause for Examples: For VIO-



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PERMANENT UNFADING

OCCUPATION RECORD ciassified. back Instructions pial of infor OF mportant. CAUSE 8

13 BIRTHPLACE OF MOTHER

# STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Gounty..... Registration Dist. No. St.;....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. . 4 COLOR OF RACE WIDOWED, /22/ (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1-40 Pm, t day, .....hrs. The CAUSE OF DEATH \* was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... Contributory.... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

At place	in the
ot death yrs mos de	
Where was disease contracted,	
it not at place of death?	**************************************
Former or	
usual residence	***************************************

19 PLACE OF BURIAL OR RE	MOVAL
Cidar Fi	u
20	/

DATE OF BURIAL

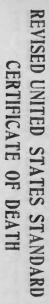
[It death occurred in

a hospital or institution.

give its NAME instead of street and number.]

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage. as "Puerperal septichae cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerferal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart fallure," "Haemourhage," "Inanition," "Maran genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably thenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never repor nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 9 1914

No. 1. v2

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RECORD PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE Every Item Important.

PHYSICIANS should state of OCCUPATION is very Exact statement properly classified.

1 PLACE OF DEATH

anno arunde

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

		/
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	suale Color of RACE Single, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
	ATE OF BIRTH	May 1913/ 19 12/ 2 1914
	(Month) (Day (Year)	may , 1912, to 126 3 , 1914.  that I last saw h & alive on + 2 3 , 1914
TAC		and that death occurred on the date stated above, at 62/01 m.
	7/ 1 day,hrs.	The CAUSE OF DEATH* was as follows:
80	yrs	Corcinomas of The Uteries
(a)	) Trade, profession, or	
	rticular kind of work at the the wife	
bus	siness, or establishment in	(Duration) 2 yrs mos ds.
9 81	ich employed (or employer)	Contributory
	(State or country) Mary Church	Secondary
	10 NAME OF Column Chus Cont	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) Marylund		*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER 7	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds
	(Informant) John Lashus	Where was disease contracted, It not at place of death?  Former or usual residence.
16	- (Address) Hordward ville me	Fort Church a a co Feb 9 , 1914
FII	181 726, 9th 1914 Boleday El Show,	20 UNDERTAKER ADDRESS
	All to Program	m I la D Bravel Mal

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is Indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions." "Dehility" ("Con-Bronchopmeumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report cause for



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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. of persons engaged in domestic service for wages, as (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (secondary or intercurrent)



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in piain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

1 PLACE OF DEATH 1199  County a.a.  Village or Gity Bardsville.  2FULL NAME SamuelA.C.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.20  St.; Ward)  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White of the word)	16 DATE OF DEATH  Yel.  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH  Seff, 20. 1834  (Youth) (Day (Year)	Add not 191 to aller 191 , that I last saw h allve on 191
TAGE  J G wrs. mos. ds. or min.?  SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at I P. m., The CAUSE OF DEATH* was as follows:  Any on the information & got he died with acute undigatory  (Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHER Carried A. Clagell OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  MU.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds
(Address) Birds ville med  (Address) Birds ville med  Flied Hell 8 1914 John Golluson  REGISTERR	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Savidaenalle  20 UNDERTAKER  Last T. Court According

V. ley Dandsenrile If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Cau ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations ou statement of (secondary or intercurrent) State cause for Never report



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Ilt death occurred in Ward) a hospital or Institution. give Its NAME instead of street and oumber.] \* FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, und and WIDOWED, (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Mont) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, .... hrs. OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 Jo (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) 11 \*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs, ? State ..... yrs, \_\_\_\_ Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death?... Former or Intermant) usual residence. mportant. 19 PLACE OF BURIAL OF BENOVAL DATE OF BURIAL CAUSE 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver recound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for maile. The contributory (secondary or intercurrent) "Tuerperal peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin : "Can "Exhaustion," Never report Examples:



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be certificate. See instructions on back of WRITE PLAINLY, WITH important. 1 PLACE OF DEATH anne aruno

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26

.St.;.....Ward)

[If death occurred in a hospital or institution,

	2FULL NAME COL	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	emale white wide word are of BIRTH Feb. 15 ,1914	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from 1914 to 18 1914  that I just saw here alive on 18 1914
7 A	(Month) (Day) (Year)/  GE   it LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION ) Trade, profession, or Inticular kind of work ) General nature of industry, siness, or establishment in ich employed (or employer)  IRTHPLACE taate or country)  Manylaus	(Ouration) — yrs. — mos. ds.  Contributory (Secondary)  Quration yrs. — mos. ds.
PARENTS	10 NAME OF FATHER WICKNOW  11 BIRTHPLACE OF FATHER (State Or country) WINKURW  12 MAIDEN NAME OF MOTHER Sallie former  13 BIRTHPLACE OF MOTHER (State or country) Manylaw	(Signed) (Signed) (Address) (Address) (M. D. CAUSES, State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death (1) yrs. (1) mos. (1) ds.
14-	(Informant). Sallie Corner  (Address) Churchton Mis.  (Address) Ly Les J. Lent Indo Leynli Local REGISTRAN	Where was disease contracted, if not at place of death?  Former or  usual residence  19 PLACE OF BURIAL OR REMOVAL  Abomet Cometany  20 UNDERTAKER  4 Loren  Audley  And
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered sa minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosci

genitai," mus," "Old Age," "Shock." ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "l'unemeral scotichae etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marss. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary "Dropsy," "Exhaustion," 'l'raemia," "Wcakness," (name origin; "Can death), 29 ds.: or intercurrent Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 6 1914
BURLLAU, V.S.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1202	CTATE OF MARY AND
County Course arealel	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 26
Village or City Fremlohip No. his	St: Ward)  [It death occurred in a hospital or institution, give its NAME instead of streel and number.]
- FOLL NAME	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Male Calored (Widowed)  Male Calored (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Jan 28, 1914	7. 7. 7.
(Month) (Day) (Year)	that I last saw h. Con. alive on 7064 , 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or	/Elanus
particular kind of work	
(b) General nature of industry, business, or establishment in	(Ruretten)
which employed (or employer)	(Duration) TTS. mos 7 %s.
State or country)	(Secondary)  (Duration)  yrs mos 5 ds.
10 NAME OF Arlam Creek	(Signed) Compton Wilson, M. D.
V) 11 BIRTHPLACE OF FATHER (State or country)	#26 8 , 1914. (Address) Humbohila
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suitchal, or Homicipal.
OF FATHER (State or country)  12 MAIDEN NAME COLE Brooks  OF MOTHER COLE Brooks	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Interment) Urther Cresk	Former or usual residence.
(Address) Harrillohifo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. 82, 1914 a. H. Verrie	20 UNDERTAKER ADDRESS ADDRESS
	r, 6 E. Franklin St., Baito., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative Leaithfui-Housewife, Housework, or At Home, and children, not statement. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the mbease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubois of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can Examples:



FOR BINDING RESERVED MARGIN

Y. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH 1203	STATE OF MARYLAND CERTIFICATE OF DEATH
G	ounty	Registration Dist. No. 2/
V	iliage or City amapoli my 38	Dotts Court St; 3 Ward) [It death occurred in a hospital or institution, give its MAME instead
	*FULL NAME James albe	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Male bloud Single, Marrieo, Wiooweo, Oriovorceo (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	October 14, 1913 to 75by 9, 1918
	(Month) (Day) (Year)	that I last saw h. 4 alive on 324 8/ 1914
7 A	The second secon	and that death occurred on the date stated above, at 9 30 A m, The GAUSE OF DEATH* was as follows:
(a)	Trade, profession, or ticular kind of work.	Gilmonay Subernessi
bus	General nature of industry, ness, or establishment in	(Duration) yrs. 3 mos. ds.
	RTHPLACE (ate or country) west Pines a a lo	Contributory (Secondary)  (Diration)yrsmosds.
40	10 NAME OF SLOVEY PROUVERS	(Signed) Subrae Jaiera, M. D.
PARENTS	OF FATHER (State or country) West River a, a, &	State the Disease Causing Death, or, in deaths from Violent
	12 MAIDEN NAME PO	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) West River a q. 4	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds.
14-	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
- 5	interment, Eliza Spences (mothy	Former or usual residence.
1	(Address) 38 Sotts Court annapole	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	o Feb 9 ,1914 Amsmilel	20 UNDERTAKER ADDRESS
	/ REGISTRAR	Manuel Weller Jd. N. W. St

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examp (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical: Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU, V.S.

S. No.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A Every item of information should be earefully supplied. CAUSE OF DEATH in plain terms, so that it may be

See instructions on back of certificate.

Important.

N. B.

1 PLACE OF DEATH County Course arundel

1204

STATE OF MARYLAND CERTIFICATE OF DEATH 21 Registered No

[If death occorred to a hospital or Institution,

* FULL NAME Roloud Livin To	Surtin great and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
MARRIED, MIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH TOWN 20 , 1914  (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw him allve on February 20, 1914
7 AGE  3 9 yrs. 7 mos. 16 ds. or min.?	and that death occurred on the date stated above, at 9 20 a.m. The GAUSE OF DEATH * was as Iollows: Living Urterio_Sclerosis
(a) Trade, profession, or Reinh Communitor. U.S. Javy particular kind of work.  (b) Beneral nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Cluberious.	(Duration) 3 yrs mos ds.  Contributory Cur dio Renal aschuro (Secondary)  (Duration) - yrs - mos 23 ds.  (Signed) - M. Other M. D.
11 BIRTHPLACE OF FATHER (State or country) Cluck Work  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) Clusterover	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs mos ds. State yrs mos ds.
(informant) Accord, US March Forpilal  (Address) accuration, Ind	Where was disease contracted, If not at place of death?  Former or Osual residence
Filed Feb 22, 1914 Jangmeld REGISTRAR	20 UNDERTAKER LOUIS CHEEN ADDRESS CHEEN THE



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puenperal septichaecause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the affection need not be stated unless important. oma. Sarcoma. etc., of ... ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chrokic cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from \_ (name origin; "Can-Never report



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OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. pinous properly pe may 80 0 back terms, plain Instructions = EATH 00 10 Every Item CAUSE OF Important.

15

1205 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Count Same Chrunde Registration Dist. No. St.;----Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h .... (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at. t day .....hrs. OR ..... ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----State or country) Contributory (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place of death \_\_\_\_\_ yrs. \_\_\_ \_\_ mos. \_\_\_\_ \_\_ ds. Stale \_\_ Where was disease contracted. it not at place of death? Former or usual residence.

20 UNDERTAK

REGISTRAL

DATE OF BURIAL

Ilt death occurred in

(Year)

a hospital or institution. give its NAME instead ot street and nomber.1

(Day

ADDRESS

OR REMOVAL

If hore blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (6)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of For vio-



PHYSICIANS RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

should state Very of OCCUPATION IS Exact statement CAUSE OF Important.

N. B.

1 PLACE OF DEATH

1206 STATE OF MARYLAND CERTIFICATE OF DEATH

20 mussay line

County 4. 64. Co	CERTIFICATE OF DEATH
Village or City Calf bot (No	Registered No.  [If death occurred is a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  SV 10 , 191 4  (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw be alive on last standed deceased from the last saw be alive on last saw be a
TAGE  If LESS than 1 day,hrs. ORmin.?  COCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 12 00000000000000000000000000000000000
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gentributory Pulsal request les (Secondary)  Contributory Pulsal r
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	At place in the of death
(Address) Cast bot Dyd.  16 Filed Freb 11, 1914 Amg Melch	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  DATE OF BURIAL  ADDRESS

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nection is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibbase Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoris of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Noniencla sepsis, tetanus) may be stated under the head ot injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Traemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., wbcn a definite disease can be ascertained as the "Ilcart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.; nant neoplasms) : Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." (Recommendations on statement of etc.), "Dropsy," etc. State cause for (name origin: "Can-"Exhaustion," Never report Examples:



PHYSICIANS shou RECORD PERMANENT EXACTLY. UNFADING INK-THIS AGE 50 WITH terms, f should of Information should F DEATH in plain term See instructions on bi PLAINLY.

No.

Item OF

Every It

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important.

FATHER

11 BIRTHPLACE

OF FATHER

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

Address .....

(Informant)

OF MOTHER

(State or country)

PARENTS

15

1207 STATE OF MARYLAND 1 PLACE OF DEATH

Village or Cit	LL NAME		Registration Dist. No. [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERS	SONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Wall  B DATE OF BIR		5 SINGLE, MARRIED, Manuel WIDDWED, ORDIVERCED (Write the word)	(Month) (Day (Year)
	Lund (Month)	Crum, 1 f S	
7 AGE	57 yrs h	If LESS th  1 day,h  mosds. ORmin.	and that death occurred on the date stated shove, at 11.00 q.m.  The CAUSE OF DEATH* was as follows:
(a) Trade, protessi particular kind ot		achman.	Gerebral Hemonhage
(b) General nature business, or esta which employed (o	ablishment in	~	(Duration)yrsmos4_ds
9 BIRTHPLACE (State or co	me	ryland	Contributory Secondary  (Doration) yrs mos ds

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL,

18 LENGTH OF RESIDENCE (FOR HO	
At place	In the Sefetime.
ot death yrs mos ds.	State frs mos d

Where was disease contracted. It not at place of death?

usual residence.

_				
9	PLACE OF	BURIAL OR	REMOVAL	DATE OF BURIA
7	/	, Vo	000010	H 3

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

Riemds,



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." mia," "PUERPERAL peritonitis," etc. ehildbirth or misearriage as "Puerperal scptichaeeause. Always qualify all diseases resulting from ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronie interstitial nophritis, aant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tctanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head of State cause for Never report



PHYSICIANS should state of OCCUPATION is very RECORD AGE should be stated EXACTLY. properly classified. Exact statement PERMANENT UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should be CAUSE OF Important. N. B.

PLACE OF DEATH 1208 STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Crownsville State 2FULL NAME annie En	Registration Dist. No.  [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Clack Single, MARRIED, Single, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb. 5 ,1914 (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 13, 1913, to Feb, 5, 1914, that I last saw h. & alive on Tel. 5, 1914
26 yrs luknown t day,hrs. OR min.?	and that death occurred on the date stated above, at 6 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	Pulmonary Tuberculosis (Duration) by Kryoner
9 BIRTHPLACE (State or country) Williams	Contributory Secondary  (Duration) yrs mos ds
10 NAME OF FATHER MICHIGAN	(Signed) Taken + fm toward 1400.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDENT OF HONORING PROPERTY.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) To share the Cords	ot death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, lit not at place of death?  Former or usual residence.
(Address)  15 Filed 76  1917  Filed 76	19 PLACE OF BURIAL OR REMOVAL Hospital Cerretary 20 UNDERTAKER R WINTE THE MAD C 4 MINING

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. υż

[Approved by U. S. Census and American Public Health Association.]

cated thus: material worked on may form part of the second applies to each and every person, irrespective of age. tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puenperal septichac-"Heart failure," "Haemorrhage," "Inauttion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of Never report



PERMANENT

should is

OCCUPATION

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DEATH in plain

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UNFADING

PLAINLY,

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County annearmed of Registration Dist. No. St.:----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. Marriel WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased 1864 (Month) (Da (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hra. The CAUSE OF DEATH\* was as lollows: OR ..... min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ...... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. If not at place of death? Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

fit death occurred in

a hospital or Institution, give its NAME Instead ot street and number.]

(Day

In the

PLACE OF BURIAL OR REMOVAL

State ..... yrs.

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-".Contributory." sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. ture of the American Medical Association.) canse of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease cansing death), 29 ds.; "Dropsy," "Exhanstlon," Never report



V. S. No. 1.

#### should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state a terms, so that it may be properly classified. Exact statement of OCCUPATION is very on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH N. B.—Every Item of Information si CAUSE OF DEATH in plain See instructions Important.

1 PLACE OF DEATH

County Anne Arundel

Village or City Annapolis

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

lit death occurred in hospital or Institution, give its NAME Instead of sfreet and number.]

_		LL NAMET.B.D			
	PERSO	ONAL AND STATIST	CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
3 S	Male	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the wo	rd)	(Month) (Day (Year)
-	ATE OF BIRT				17 I HEREBY CERTIFY, That I attended deceased from
		October	5 ) (Day	, 1889 (Year)	that I last saw h alive on, 191,
7 A		24 yrs. 4	mos 6 ds.	If LESS fhan 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1:0 4 Am.  The CAUSE OF DEATH* was as follows:
(e pa		vork Master a	tArms,U.S	. Navy.	dilitation, (autopsing
(b) Beneral nature of Industry, business, or establishmenf In which employed (or employer)				***************************************	fudugi) (Duration) 2 hours - 415 mos ds.
9 B	(State or con	Massa	chusetts	•	Secondary  (Duration) yrs mos ds,
10 NAME OF FATHER Thomas E. Fahey  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME			(Signed) ATTALL, P. A. SUPCION, U. T. M. D. WAVAL HOSPITAL, ANNAPOLIS, MD.		
		~	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accures.		
PA	OF MO	THER	4		TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPL OF MOT (State of	ACE HER or country)	• (		16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af piace In the of death
	(Informant)	1711	WP. A. 200		Where wes disease contracted, If not at piece of death?  Former or usual residence
15 FI	(Address)		"Smil	ch	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fely 12, 1914. 20 UNDERTAKER ADDRESS
				REGISTRAR	gas S. Lay lor. Ino aumpolis
		If more blanks	are needed, addre	ess State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Md.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations (a) Spinner, (b) Colton mill; (a) Salesman, Civil engineer, Slationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonilis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 Us. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BURGAU, V. S.

# MARGIN RESERVED FOR BINDING

7. S. No. 1.

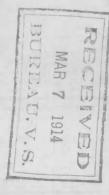
PLACE OF DEATH	CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 2/
Village or City amaholis (No. 79,	[If death occurred in a hospital or institution, give its NAME instead of streef and number.]
2FULL NAME Still Miland	Hord.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE MARKET, Single Wisher, Single Wisher the word)	(Month) (Day (Year)
9 DATE OF BIRTH 7 Eld-1 /4 , 19/4	that I last saw h fra alive on 191
7 AGE (Month) (Day (Year)  1 If LESS than 1 day,hrs. 0 ORmin.?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishmenf in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Amaholis Ride	Contributory Secondary  (Bayation) grs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Omnafolis, Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER Vivenia Reunio  13 BIRTHPLACE Mount 3 in laft ref	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) William Ford.	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) 49 Washington ST 16 Febry 15, 1814 Jmgmelch	19 PLACE OF BURIAL OR REMOVAL  ABOUNT CEMIC - 2 1914  20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at begluning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, ctc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name orlgin; "Can "Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of death), 29 ds.; State cause for Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	1 PLAGE OF DEATH 1212	STATE OF MARYLAND
	. a. a. amadel	CERTIFICATE OF DEATH
Goi	unty Assil Ammale	Registration Dist. No. 22
VIII	age or City Severn (No.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Marvin	Talker 15 months
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RAGE  WINDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Filman, 1914 (Year)
3 D	ATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw hamalive on February 3, 1914,
7 A		and that death occurred on the date stated above, at /m.,
	27 5 yrs mos / 8 ds OR min.?	The CAUSE OF DEATH * was as follows;
80	CCUPATION	Valmonary Tuberlulous
(a)	Trade, protession, or abover in t. S. Printing	
(b)	General nature of Industry,	Tile 07
	lness, or establishment in Viruling W. S. Annthing dept	(Duratien) yrs. mos. ds.
9 B I	RTHPLACE (State or Country) Manyland	Gentributory Secondary  (Duration) yrs mos ds.
	10 NAME OF PATHER PLANE	(Signed) LA Jammond , M. D.
TS	11 BIRTHPLACE OF FATHER	Epilo. 14, 1914 (Address) Justip MA
ZEN	(State or country) Maryland  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
PAR	OF MOTHER Works Tooks	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	OR RECENT RESIDENTS) A1 place In the ot death yrs mos ds
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Norman Faither	Former or usual residence
1	(Address) Seven Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 5 FII	ed Je St - 15 1914 L. H & Itashafa	20 UNDERTAKER ADDRESS
	Lo-Cal REGISTRAR	Charles Carps Telknige That
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-For many occupations a slugle word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foremau," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," udqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaenaut neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origiu; "Canis less defiuite; avoid use of "Tunor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustiou," Never report



BINDING 0 ED ERV C MARGIN

PHYSICIANS should of OCCUPATION IS RECORD statement ERMANENT EXACTLY. Exact 0 4 classified. pe should THIS roperly AGE NX ed. UNFADING may certificate. carefully 50 WITH PLAINLY Instructions of Inform WRITE PO Important. Every Ite o m

FATHER

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

ARENT

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Very state

1 PLACE OF DEATH County.... <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, BSEX 4 COLOR OR BACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day ..... hrs. ...min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) 10 NAME OF

BEST OF

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

.Ward)

MEDICAL CERTIFICATE OF DEATH

Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. ]

16 DATE OF DEATH	Febru	26	1914
	(Month)		(Year)
17 I HEREBY	CERTIFY, That I	attended dec	eased from
	1, to		, 191,
that I last saw hall	ve on	••••••	191
and that death occurred o	n the date stated a	above, at	m,
The CAUSE OF DEATH*	was as follows:		
	,	n	
Unk	Enoun		13
Properly De	Tie In an	110:00	
X.(	tie Insu	green	<u> </u>
**************************************	//	yrsm	10sds.
Contributory (Secondary)	<b>*************************************</b>	a pe	whine
***************************************	(Duration)	yrsп	10S ds.
(Cignod)	* 0	Bid -	- /-
(Signed)	Address) Anna	olies,	Dino,
*State the DISEASE CACAUSES, state (1) MEAN TAL, SUICIDAL, OF HOME	SOF INJURY; and	n deaths from	n VIOLENT
18 LENGTH OF RESIDEN	CE (FOR HOSPITALS, I	INSTITUTIONS,	TRANSIENTS,
At place	in the		
of death yrs mos. Where was disease contracted, If not at place of death?		yrs,!	mos ds.
Former or			00000000000000000000000000000000000000

usual residence

19 PLACE OF SURIAL OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciminc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of \_ The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BUREAU V.S.

10 OCCUPATION IS PHYSICIANS RECORD PERMANENT -THIS INK UNFADING may PLAINLY, piain WRITE Po OF Every Item CAUSE OF Important.

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Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) (Day Write the word) I HEREBY CERTIFY, Whatel attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated sbové 1 day hrs. OR ..... 7 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ----9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? one (Intermant) usual residence. OF BURIAL (Address)..... 15 .., 191 20 UNDERTA ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

APR 28 19M BURLAU. V.S.

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarbama eta, of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent)



V. S. No. 1.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	STATE OF M	1531/ 1	LAND
County CI - CI CEI	RTIFICATE	OF	DEATH

977 Registration Dist, No ... 8,10

fit doubt accurred in

2FULL NAME LEThia Blund	St.; Ward)  A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurals Color of RACE SINGLE, MARRIED, WIDOWSE, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  Jeby 22 1914  (Month) (Day (Year)
DATE OF BIRTH  May  (Month)  (Day  (Year)	that I last saw her alive on Tropy 1914
7 AGE  23.  yrs.  mos.  /3.  ds.  OR.  min.?	and that death occurred on the date stated above, at \$ 05 Pm.  The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protessian, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  110 NAME OF FATHER Balaam Blunt  11 BIRTHPLACE OF FATHER (State or country)  (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER OF MOTHER AND SHAW  (State or country)  13 BIRTHPLACE OF MOTHER OF MOTH	Contributory Chickers Mos. ds.  Contributory Chickers Mos. ds.  (Signed) Chickers Mos. ds.  (Signed) Chickers Mos. ds.  (Signed) Medicinal Medicin
(Informant) Chella S. Blund.  (Address) 277 Chester ave.  16 Filed Fels 24, 1914 Mr Smelch REGISTRAR	Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKEN  20 UNDERTAKEN  ADDRESS  ADDRESS  ADDRESS  21 13 Parker V Son 92 WOST ST
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is necadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b)

Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of dcath approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



may be properly classifled. Exact statement of OCCUPATION Is pinous PHYSICIANS PERMANENT EXACTLY. pinous UNFADING INK-THIS AGE carefully supplied. See instructions on back of certificate. DEATH in plain terms, so WRITE PLAINLY, WITH pinous Information ō CAUSE OF Important. S N. B.-

PLACE OF DEATH  County Cast of Maryland  CERTIFICATE OF DEATH  Registration Dist. No. 2/  No. 2 St.: Ward)  Ill death occurred to a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, Jung (8 ON DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day (Year)	16 DATE OF DEATH  (Month) (Day (Year)  17  HEREBY CERTIFY, That I attended deceased from 191  that I last saw h		
7 AGE  If LESS than 1 day,hrs.  yrs	and that death occurred on the date stated above, at		
9 BIRTHPLACE (State or country) Q - Q - Co-Md.  10 NAME OF FATHER FACTORICK Hall  11 BIRTHPLACE OF FATHER (State or country) Chesterfield and 12 Maiden NAME	Contributory Secondary  (Buratlen)  yrs  mos  ds.  (Signed)  191 (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother Leifhia June  13 BIRTHPLACE OF MOTHER (State or eountry) A - A - Co Md.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A Arick Jall (Address) A Arick Jule  (Address) A Arick Jule  (Address) A Jule Amswelch	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 YNDERTAKER  ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mme, ccc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BURBAU. V.S. T 0 Ш ď Ш Ш

RECORD	PHYSICIANS S
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATI Important. See instructions on back of certificate.
	N.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. Ilt death occurred la Village or City -Ward) a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWEO." (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I sttended deceased from SCDATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ... Contributory Secondary 9 BIRTHPLACE (State or country) (Buration) 10 NAME OF FATHER \* 0 11 BIRTHPLACE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted. It not at place of death?-Former or (letermant) usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS RECORD properly classified. Exact statement PERMANENT stated EXACTLY. AGE should be UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH

state very

1 PLACE OF DEATH

#### STATE OF MARYLAND

County Same County CERTIFICATE OF DEATH				
	0	Registration Dist. No.		
Vit	PULL NAME Charles Office	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 SI	ale White MARIED, Widower, ordiverce the word)	16 DATE OF DEATH  (Month) (Day (Year)  1 HEREBY CERTIFY that I attended deceased from		
7 A	(Month) (Day (Year)  GE   If LESS than 1 day, hrs. OR min.?	that I last saw ham alive on ham and last saw ham alive on ham alive on ham and last saw ham and that death occurred on the date stated above, at		
(a) pa (b) bus whi	CCUPATION Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in chemployed (or employer)  RTHPLACE (State or country)	(Buration) yrs. / mos. ds.  Contributory Secondary		
ARENTS	10 NAME OF FATHER Senton Hand  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME A STATE OF THE PROPERTY OF	(Signed)		
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds. State yrs, mos ds  Where was disease contracted.		
		if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ALL LE L		
	Led REGISTRAR	tom Threekands Festules Max		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

So. 02

N. B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viogenital," "Scnile," etc.), mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion, Never report



0 back Instructions DEATH ō OF mportant. ы Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

lif deeth occurred in a hospital or lostitution. give its NAME instead

of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE it LESS than and that death occurred on the date stated above, at... t day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 .mos..... 8 OCCUPATION (a) Trade, protession, or uni particular kind of work. (b) General nature et Industry, business, or establishment in which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Doration) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place OF MOTHER (State or country) In the State Where wes disease contracted. It not at piece of death? usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

29 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

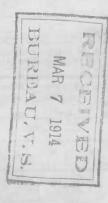


[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary, may be entered as Housewife, Housework, or At Home, and children, not mine, etc. fication as Ddy laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," valuular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

County Anne Annale CERTIFICATE OF DEATH  Registration Dist. No
Village or City Muschlos (No. St.; Ward)  [It death occurre a hospital or institute give its NAME institute of street and number
Village or City (France (No. , St.; Ward) a hospital or institute give its NAME institute of street and number
FULL NAME THAT THE PARTY OF THE
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
Tem. 4 COLOR OR RACE SINGLE, MARRIEO, WIGOWEO, WIGOWEO, (Worte the word)  16 DATE OF DEATH  16 DATE OF DEATH  17 L HEREBY CERTIFY That I strended decount in
Spare of Birth
(Month) (Day) (Year) that I last saw here alive on Feb. 25 ,191
7 AGE  If LESS than 1 day,hrs. ORmin.?  The CAUSE OF DEATH * was as follows:
BOCCUPATION  (a) Trade, profession, or particular kind of work  Deserval himsophage
(b) General nature of industry, business, or establishment in which employed (or employer)
Secondary)  Ouration)
10 NAME OF Sule (Signed) Les T. Seys, M.
11 BIRTHELACE OF FATHER (State or country)  Mullium  *State the DISEASE CAUSING DEATH, or, in deaths from Violen CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENCE)  At place in the of death yrs, mos. ds. State yrs, mos.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)
(Address) Muchton Md 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1916
Filed FLA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (%)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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vi

PHYSICIANS Shoul RECORD PERMANENT EXACTLY. UNFADING INK-THIS See instructions on back of certificate. in plain DEATH CAUSE OF important. E I

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in

July.

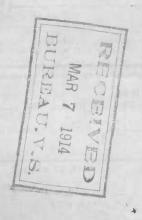
*FULL NAME / / armie # tout  a hospital or Institution, give its NAME instead of street and number.]					
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH			
FER	rale Black Single, MARRIED, Single Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH FEL. 5 , 191.4 (Month) (Day (Year)			
7 A C	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from May 13, 1913, to February 5, 1914, that I last saw h. E.T. alive on F. S			
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)		Broncho-zneumorna (Duration) yrs mus 21 ds.			
	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)			
	13 BIRTHPLACE OF MOTHER  13 STRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the other parts of the control of the contr			
	Informant) Hospital Records	Where was disease contracted, At place of death, if not at place of death?  Former or usual residence. Tre deader M.			
15	Deply word REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Constant a Cometary of 1914  20 UNDERTAKER  R. F. Writeroth M. D. Suff Wallstrang			
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.			

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR MARGIN RESERVED

7. B. No.

PERMANENT A IS WRITE PLAINLY, WITH UNFADING INK-THIS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Ounty Ame Armael  Village or City Gurtis Bay (No. 2)  * PULL NAME  * PULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  [It death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Bay Color or race Single, MARRIED, Widowell (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH MARAGEMENT 1872 (Month) (Day) (Year)	that I last saw halive on
7 AGE  ### A	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work of the trimmed  (b) Geograf nature of Industry, business, or establishment to the trimmed which employed (or employer)	(Duration) yrs mos ds-
SEIRTHPLACE (State or country Palto, Marriland	Contributory (Secondary) (Deration) yrs mes ds
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) Jane J. U. Worm, Octing Office J., 191 4. (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds. State yrs mos ds.
(Interment) I Start Start St. Ball	Where was disease contracted, It not at place of death?  Former or USUAL residence
Filed N. 12 4 JB Novem m.D.	29 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registran 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing death—Name, first, the dibease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold deneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinospical desired desired

childbirth or miscarriage, as "Purpersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia er" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



No. ŝ

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. e carefully supplied. AGE should be st so that it may be properly classified. UNFADING INK-THIS of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, so See Instructions on back DEATH in plain terms.

important.

0 ż 1 PLACE OF DEATH

County anne arundel.

Village or City 310 austrics

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No...

St: .....Ward)

(if death occurred in a hospital or institution, give its NAME instead of street and number. 1

	TOLL NAME		· · · · · · · · · · · · · · · · · · ·	•••••
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
	Girl. Colored (Write the word)		(Month)	19 , 1914 (Day) (Year)
8 DATE OF BIRTH  August , 1913  (Mouth) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from  Let 19 1915, to Let 19 1915, that I last saw h 12 alive on Let 19 1915 and that death occurred on the date stated above, at 4 19 m. The CAUSE OF DEATH* was as follows:	
7 AGE   If LESS than 1 day,hrs. ORmin.?				
pa (b)	CCUPATION ) Trade, profession, or ricular kind of work		Broncho Preum	
9 B	ich employed (or employer)  tate or country) Conne Creene	del Co.m	Contributory (Secondary)	yrs. mos. os.
PARENTS	10 NAME OF FATHER Learge faects  11 BIRTHPLACE OF FATHER (State or country) anne arundel Co. Md.  12 MAIDEN NAME OF MOTHER Stelly Beerlow.  13 BIRTHPLACE OF MOTHER (State or country) anne arundel Co.		(Signed) Lane S. Belle Fek 20, 1914 (Address) Els	aton ma
			*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death	
16		Ned	Magothy Col. Chusel	Tel ZI 1914
Fil	led Feb. 20 , 191 4, J. J. Bec	lengsleg	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S No. 1.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSINO DEATH, state occupation at beginning of iiibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcinelassis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL perttonitis," etc. etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile." etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:



V. S. No. 1.

N. B.

of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state. Teath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A -Every item of information should be CAUSE OF DEATH in piain terms, simportant. See instructions on back o

PLACE OF DEATH

mus anudel

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

S	t.;	W	ard	1
				٠,

[it death occurred in a hospital or institution, give its NAME instead of street and nomber.]

1224

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Mgra 5 BINGLE, MARRIED, WIDOWED, Surgle ORDIVORGED (Write the WORD)	(Month) (Day (Year)  I HEREBY CERTIFY, I hat I sttended deceased from
6 DATE OF BIRTH :	Fel- /1 1914, to Fel- 2/ 1914,
Nov. 4 1989	
7 AGE (Month) (Day (Year)	that I last saw he silve on 2 6 ,191 4
'AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs mos OR min. ?	The SAUSE OF DEATH* was as follows:
(a) Trada, protession, or particular kind of work.	Moneto gracusa
(b) General nature of industry, business, or establishment in which employed (or employer)	(Boration) atograp (Goodly 8.
(State or country) Praculand	Contributory Lifer a Constitution Dope the Gradian
10 NAME OF Benjamm Johnson	(Signed MacCaen Cau
11 BIRTHPLACE OF FATHER (State or country.)  12 Mainten NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOLONOMERS (2)
V 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
a comelia Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place in the ot deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) thereing folime on	Former or usual residence
(Address) Loderan Ml.	19 PLACE OF BURIAL OR HEMOVAL DATE OF BURIAL
Fleet 22 191 (lacegee Cauron)	Mt. Gron, Feb. 22, 1914 29 UNDERTAKER ADDRESS
The Land REGISTRAR	John Homas Kodian Mid:
If more blanks are needed, address State Regis	tear, 6 E. Franklin St., Balto, Requesting V S No. 1

arto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Namc, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, or HOMICINAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For vio-



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.

Village or City  PLACE OF DEATH  County  CERTIFICATE OF DEATH  Registration Dist. No. 2/  Ward)  St.; Ward)  PLACE OF DEATH  STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 2/  St.; Ward)  FULL NAME  Pairy  PLACE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 2/  St.; Ward)  St.; Ward)  St.; Ward)  St.; Ward)  PROBLEM 1225		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
FIRMALE Dolord Single, whower, appropries the word)	18 DATE OF DEATH  (Month)  (Day  (Year)  17  LHEREBY CERTIFY, That I attended deceased from	
8 DATE OF BIRTH	Jan 9th, 1914, to Fe 1-17th, 1914	
June 5. ,1895	Sel 13 Mars	
(Month) (Day (Year)		
TAGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at	
yrs. 8 mos. ds. OR min. ?	The CAUSE OF DEATH * was as follows:	
(a) Trade, profession, or particular kind of work.	Mema Exhaux	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Several Month (Aguration) yrs mos os.	
State or country) amalolis Ind.	Secondary (Doration) yrs mos ds	
10 NAME OF Loyed Johnson.	(Signed) John Ridont, M. D.	
11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERSE	
13 BIRTHPLACE OF MOTHER (State or country) Amaholis Ind.	At place In the of death yrs mos ds. State yrs, mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) Loyed Johnson	Former or usual residence.	
(Address) - O'Ermanlown	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Flet 18, 1914 Mysmelch	20 UNDERTAKER  20 UNDERTAKER	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mmc, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for death), 29 For viods.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU, V.S.

UNFADING INK-THIS

WRITE PLAINLY, WITH of information should be DEATH in plain terms, so

carefully supplied.

See instructions on back of certificate.

CAUSE OF important.

m ż

PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

AGE should be stated EXACTLY.

PERMANENT

No. 00

Ge		ce of death	
٧		y 3rd des	treet (
	PERSO	NAL AND STATISTI	
3 SE	Male	4 COLOR OR RACE Colored	SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the We
	ATE OF BIRT	H (Month	ebruary (Bay)
7 AC		yrs	.mosd
(a) par (b) bus	CCUPATION Trade, protession rticular kind of wo General nature o Iness, or establi ch employed (or	ork tindustry, ishment in	nt.
9 BI	RTHPLACE tate or countr	s) anne a	runder
	10 NAME OF	Janes Fre	and fo
ENTS	11 BIRTHAL OF FATH (State or	ACE 1ER country Larfa	a Co.
PAR	12 MAIDEN OF MOT	NAME Vector	ed Do
	OF MOTE (State or c	HER Cenne	arund
147	HE ABOVE	TRUE TO THE BES	ST OF MY KNO

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Diet	Na	21
Registration	DIST.	NO	

Village or City 3rd destrect (No	Registration Dist. No. 2/  St.; Ward)  St.; Ward)  [It death occurred in a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH  Lebruary 17, 1919  (Month) (Day) (Year)	Fet 17 , 1914, to Fet 17 , 1914, that I last aaw h 2 alive on Fet 14 , 1914
7 AGE   It LESS than 1 day,hrs.   ORDmin. ?	and that death occurred on the date stated above, at 49, m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Conquital Detelecty  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) anne are arealel & Mr.	Comtalhantana
11 BIRTHELACE OFFATHER  OFFATHER  OFFATHER  OFFATHER  OFFATHER  OFFATHER  OFFATHER  OFFATHER  OFFATHER	(Signed) Jane 5 Belleughler, M. D. Fell 17, 191 4 (Address) Elvator, Ma
OFFATHER (State or county) Parford Co. Md  12 MAIDEN NAME OF MOTHER Victoria Dometh	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT-CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Conne areadel Co. M.	OR RECENT RESIDENTS)  At place In the ot death yrs
(Informant) The BEST OF MY KNOWLEDGE	it not at place of death?  Former or  usual residence.
(Address) Elvaton Md,	Magothy Cof Chescy Tet 17, 1914
Filed Fet 17 1914 J. Bellengoles REGISTRAR	20 UNDERTAKER ADDRESS NO undertather.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

-Grocery; (a) Foreman, (b) Automobile factory. duties of the household only (not pald Housekeepers material worked on may form part of the second the nature of the business or indust y, and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," "Foreman," As examples

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage, as "Puzzperal scptichaeetc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and eonsequences (e. g. Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing affection need not be stated unless important. nant neopiasms); Weasles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." 'l'raemla," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds. State cause for Examples:



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County County 1227	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. 2
Village or City Than Andrew (No. 1) A	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 CO LOBER RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH Selb 322 /857 (Month) (Day) (Ver)	that I last saw have alive on Say 191 4
7 AGE If LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work.	of populary
(b) Genoral nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) OF ST SO ME	(Secondary) (Secon
STATHER  11 BIRTHPLACE OF FATHER (State or country)	(Signed) U. D. (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WAY  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds.
(Informant)	Where was disease contracted, If not at place of death?  Former or  usual residence.
(Address). Amahata Ma	Sprace of Burial or REMOVAL DATE OF BURIAL Fieby 5, 1914
Filed Fala 5, 1914 MELCLA REGISTRAR	20 UNDERTAKER ADDRESS Currapel
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Hor many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purereral scotichae thenia," "Anaemia" (merely symptomatic), "Atrophy," (Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras." sepsis, tetanus) may be stated under the head which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Moustes (disease causing death), 29 ds:
Broncheshoumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as mere symptoms or terminal conditions, such as "As ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BURBAIT, T.S.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WITH WRITE PLAINLY, CAUSE OF Important. S N.B.

1228 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.	Registrat	ion D	ist. No	21
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...Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PEI	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX femole	Regis 5 single, Single orbivorce (Write the word)	18 DATE OF DEATH FOR (Month) (Day (Year)
6 DATE OF BI		I HEREBY CERTIFY, That I attended deceased from
5.712.01.5.	Month (Day (Year)	Feb. 7, 191 4, to Feb. 15 , 191 4.  that I last saw has silve on Feb. 14, 1914
TAGE	It LESS than	and that death occurred on the date stated above, at
	/ 3 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsds.   <u>OR</u> min. ?	Droughs- Engumonia
8 OCCUPATIO		The man of many many
particular kind o		
(b) General nate business, or es which employed	ure of Industry, stablishment in (or employer)	(Duration) yrs mos ds.
9 BIRTHPLAC (State or	Ecountry) Znan Cond	Secondary Sufficients a
10 NAME FATH	OF Preston Johnson	(Signed) Meelace Court, M. D.
OF F.	ATHER se or country)  Maufaul	*State the Disease Causing Death, or, in deaths from Violent
OFF (State 12 MAIDE OF M	EN NAME TO COO POLO O	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTH	PLACE OTHER PROPERTY MENERAL OF COUNTRY)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs mos ds
4 THE ABOV	E IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant)	Treston Johnson	It not at place of death?  Former or  usual residence.
(Addres	s) Sudley, mid.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
Flied Fel s	8 m / Clastan Canal	Sudley tel. 8 1914  20 UNDERTAKER ADDRESS
rned.	131	Colet Gloves 1 1 in

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At sehool or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Exhaustion," For Vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 1229	STATE OF MARYLAND CERTIFICATE OF DEATH
County G	Registration Dist. No. 2/
Village or City Aunapolis (No. Come	Acgistration Dist. No. [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Farrice	fones ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Married, Wishows, Wordled (Write the word)	(Month) (Day (Year)
March 29, 18 46  (Month) (Day (Year)	that I last saw holy alive on Freder 22 1914
7 AGE 49 yrs 10 24 It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 235%, m, The OAUSE OF DEATH* was as follows:
(a) Trade, profession, or House Wife	
(b) General nature of industry, business, or establishment in which amployed (or employer)	Contributory Cyface S very mos. 6 ds.
9 BIRTHPLACE (State or country) Aussafsolis Md	Secondary (Duration) yrs mos 2 ds.
John 1. Fullwan	Signed Must Chadress) Cuafe Con tre
11 BIRTHPLYCE OF FATHER (State or country Lunapolis Myd  12 MAIDEN NAME) OF MOTHER Mary 1, Parkenson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) (State or country) (State or country)	At place of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(Informant) Clarence My Hones	It not at place of death?  Former or usual residence
(Address) Assisapolis High	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL FLY 25 1914
Filed Feb 24, 1914 FIRE REGISTRAR	as S. Saylor Sous andress
If more blanks are needed, address State Regis	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dntics of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD ERMANENT THIS Ü UNFADING 50

STATE OF MARYLAND CERTIFICATE OF DEATH 7 8 Registration Dist. No. 2 0 CCUPATION I Ilf death occurred in Ward) a hospital or institution. give Ifs NAME Instead of streef and number. I ŏ **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, man 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE WIDOWED. (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS fhan f day hrs. .mos..... OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) may which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributor Secondary that (Duration) \_\_\_\_\_yrs\_\_\_\_mos 10 NAME OF FATHER 0 ARENTS 11 BIRTHPLACE , 191.( (Address). OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER pial 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_\_ yrs.\_\_\_ DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not af place of death?-Former or Hem OF Every Item CAUSE OF Important. usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 ..., 191.. 20 UNDERTAKE ADDRESS 8 REGISTRAR ż If more Manks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1230

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health)

gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The vacation cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative health tarwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

BUREAU. V.S.

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (Recommendations on statement of (secondary or intercurrent) Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1914
BUREAU. V.S.

OCCUPATION PHYSICIANS RECORD statement PERMANENT Exact stated 4 properly supplied. UNFADING terms, pinous plain Information 2 DEATH

certificate.

back

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Instructions

Important. CAUSE

WRITE

0 Item 9

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should ion is

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No	2	/

-Ward)

Ilf death occurred in a hospital or institution, give ifs NAME instead of streef and number.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I sttended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above f day .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State \_\_\_\_\_ yrs,\_\_ \_\_\_ yrs. \_\_\_\_ mos. \_\_\_ Where was disease contracted. If not af place of death?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence

BURIAL

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



BINDING RESERVED FOR MARGIN

W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Ounty PLACE OF DEATH 1232  County Prince No. 1232  Village or City Putwello.  *FULL NAME  *TULL NAME  *TULL NAME	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2  [If death occurred is a hospital or institution, give its NAME instead of street and number.]			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX  4 COLOR OR RACE  MARRIED, WIDOWED, WIDOWED, Write the work  5 DATE OF BIRTH  (Month)  (Day)  (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 Of I HEREBY CERTIFY, That I attended deceased from Child ways bern clearly 1914.  (Month)  (War)  (War)			
AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at			
CCUPATION  (a) Trade, profession, or particular kind of work	Half hours (Duration) 175 mos 66.			
BIRTHPLACE (State or country)	Contributory (Secondary) Exhaustion of the mos. ds.			
10 NAME OF FATHER Janus Mead  11 BIRTHPLACE (State or country)  M. 4	(Signed) samplan Wilson , M. D. 12626 , 1914 (Address)			
(State or country)  12 MAIDEN NAME OF MOTHER OLDENTA Broofes  13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEABE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	Where was disease contracted, It not at place of death?  Former or usual residence.			
Filed 716- 27, 1914 ANDUNA REGISTRAR	There this my Address  Shown and Stated Material  There this my Address  Shown and Sated Material			
If more blanks are needed, address State Beristrar, G. E. Franklin St. Balto, Requesting V. S. No. 1				

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

by carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." Bronchopncumonia (secondary). 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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RECORD

PLACE OF DEATH 1234 County Linne Numbel Village or City Campbolic (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2/ [It death occurred in a hospital or institution, give lis NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, MARRIEO, WIDOWED, ORDIVORCED (Write the word)  6 DATE OF BIRTH  (Morth) (Day) (Year)	18 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY That I attended deceased from  January  (hat I last saw h in alive on Helbury  1914
7 AGE   It LESS than 1 day,hrs.   ORmin.?	and that death occurred on the date stated above, at 210 Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Orchester Co. Maryland	(Duration) The presence of the condary)  (Duration) The presence of the condary o
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  10 NAME OF AMA  11 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Si
(Informant) Mrs. Loward Brannock (Address) Lambridge Ind.  15 Filed Feb. 3, 191 + Prophylical Registran	Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Cambridge  Mana + Smile  Address  Address  Address

if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; (a) Spinner, (d) Cotton mill; (a) Salesman, (d) It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Iaborer," "Foreman,"

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. cblldbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemla," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genitai," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of .... (name orlgin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BUREAU. V.S.

PLACE OF DEATH 1235	STATE OF MARYLAND
County a. 9	CERTIFICATE OF DEATH
Village or Gity with Hank Strank Sta	Registered No.  [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	(Month) (Day) (Year)  L HEREBY CERTIFY, That J attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw have allye on First 5 191
7 AGE    If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) Beneral nature of industry,	Lightheria
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Caryland	Contributory (Secondary) (Deration) yrs mos ts.
10 NAME OF FATHER Advan Ingers  11 BIRTHPLACE OF FATHER (State or country) Vinginia	(Signed) W. Cl. Address) Carte Bay
2 (State or country) Pugules  12 MAIDEN NAME OF MOTHER  13 BIRTHPLAGE OF MOTHER (State or country)  13 Caryland	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place  in the of death yrs, mos, ds, State yrs, mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Interment) Supers	Where was disease contracted, It not at place et death?  Former or usual residence.
16 Fel 5th, 191 4 J.B. Herlin 71.5)	PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  REMOVAL  DATE OF BURIAL  ADDRESS 1: 4
REGISTRAR  If more blanks are needed, address State Registra	Tifled & full and O. Schoole of the Benedict of the Benedict of the St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should state of OCCUPATION IS very RECORD PERMANENT stated EXACTLY. UNFADING INK-THIS IS DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH In plain CAUSE OF Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Elt death occurred in

ADDRESS

VII	2FULL NAME MAGAIL Micha	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	emale Colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day (Year)	that I last saw he alive on fel 10. 191
7 A		and that death occurred on the date stated above, at
(a pa (b) bus wh	OCCUPATION ) Trade, profession, or ricular kind of work  0 Beneral nature of Industry, siness, or establishment in ich employed (or employer)  IRTHPLACE	(Duration) / yrs mos ds.
ENTS	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  (State or country) MRUTUM	(Signed) (Ooration) yrs mos ds.  (Signed) M. D.  *State the Disease Causing Dearth, or, in deaths from Violent Causes, state (1) Means of Injuly; and (2) whether Accident
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs ds. State yrs ds  Where was disease contracted, It not at place of death?  Former or usual residence.
	(Address) Assub And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. Physician, Compositor, Architect, Locomotive Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatie). "Atrophy," nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State eause for ete., when a defluite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia." "Weakness." gcultal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: Accidental, suicidal, or nomicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) Never report



### BINDING FOR RESERVED MARGIN

No. 702

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. Every Item of information should be CAUSE OF DEATH in plain terms, s WRITE important. N. B.

state

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 D	(Month) (Day (Year)	fan 30, 1914, to # ch 3, 1914, that I last saw h 2111 alive on 206 3, 1914
7 A	Standard of day,hrs.    Standard of day,hrs. orhrs.	and that death occurred on the date stated above, at 8, m, The CAUSE OF DEATH* was as follows:
(8	OCCUPATION ) Trade, profession, or ricular kind of work	J. J
bus	) Generat nature of Industry, siness, or establishment in ich employed (or employer)	(Duration) yrs mos 5 ds.
9 B	(State or country) Mary Land	Gontributory Secondary
	10 NAME OF FATHER UNAMONT.	(Signed) Ceverly Lassee, M. D.
INTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER WILLIAM	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) holonom	At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Clark Query	Where was disease contracted, If not at place of death?  Former or usual residence
15	(Address) Duny / Quaco,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 796. 5- 1914
FI	181 4 a. H. Jenie Local REGISTRAR	20 UNDERTAKER ADDRESS Birstol Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles: Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head State cause for Never report For Vio-



### FOR RESERVED

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BOCCUPATION (a) Trade, profession, or

particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Address)

PARENTS

16

See Instructions on

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No .Ward) a hospital or lostitution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIEO, WIDOWED. (Day (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I ettended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than t day ......hrs.

and that death occurred on the date stated above, at 3.70 P.n.
The CAUSE OF DEATH* wes se follows:
miral cleurses and
artis reguspitation
(Duration) yrs 3 mos d
Contributory Secondary
(Doration) yrs mos d
(Signed) Thomas & Bray hour . W.
Mar 2 , 191 H (Address) Isom Burnio
*State the DISEASE CAUSING DEATH, or, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
At place In the difference of death 4 yrs. mas. de State 4 yrs. mas.

[it death occurred in

(Year)

OR REMOVAL

DATE OF BURIAL

Where was disease contracted.

If not at place of death?

Former or

usual residence

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



V. S. No. 1.

### OCCUPATION may plain Instructions of Information DEATH in piai Item 10 mportant. ы Every

STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No. [If death occurred in St.; .....Ward) a hospital or institution, give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) if LESS than 7 AGE and that death occurred on the date stated above, at 10-30 C.m. 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory ... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death State Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF DATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

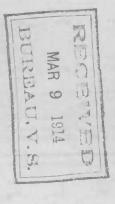
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children. not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, It should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. mine, etc. cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) For persons

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### FOR BINDING RESERVED MARGIN

V. S. No. 1.

15

### RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ADDRESS

county a.a. le	CERTIFICATE OF DEATH  Registration Dist, No. 2/
Village or City (In opoling No.)	Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year))  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Jeh, 12 191 4 to fet, 2 2 1914
July , 1913	
(Month) (Day (Year)	Pen
D 1 day,hrs.	and that desth occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
yrs mos, ds. OR min. ?	Bronchas Anemmonia
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos/2 ds.
9 BIRTHPLACE (State or country) (Mayolis We	Contributory Secondary (Doration) yrs mes ds
10 NAME OF Robert Sharps	(Signed) DMB Mullium, M. D.
11 BIRTHPLACE OF FATHER (State or country) M a sale: W	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) amapolis nucle rud	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, or RECENT REGIDENTS)  At place In the ot death yrs, mos, ds. State yrs, mos, ds
(Interment) Refer to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Charles St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. eated thus: been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

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### PERMANENT 4 INK-THIS UNFADING WITH

state 10 Should OCCUPATION PHYSICIANS RECORD jo statement EXACTLY. Exact stated properly classified. pe AGE supplied. pe may certificate. carefully that 80 0 pe back terms, pinods 00 PLAINLY. plain See Instructions Information 5 of Inform DEATH WRITE 140 Important. Every It 0

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### 1 PLACE OF DEATH

County

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

Ilf death occurred in a hospital or institution. give Ifs NAME Instead of sfreet and number.]

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED,

(Write the word)

(Month) (Day

(Year) If LESS than

f day hrs.

....min. ?

(a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in

BIRTHPLACE (State or country)

which employed (or employer)

BOCCUPATION

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country

15 REGISTRAR

	MEDICAL	CERTIFICATE	OF	DEATH
--	---------	-------------	----	-------

	10	1	00	. 1914
		(Month)	(Day	(Year)/
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that I last s	saw hallv	e on		, 191
	ath occurred on			
The CAUSE	c den	cal follows	wwnin	4
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	· · · · · · · · · · · · · · · · · · ·	(Duration)	yrs.	_mosds.
Contribu Seconda	utory	• • • • • • • • • • • • • • • • • • • •	~~**************************	***********

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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OR RECENT RESIDENCE (FOR HE	OSPITALS, INSTITUTIONS, TRANSIENTS	٠,
At place	In the	
of death yrs mos ds. Where was disease contracted,	State yrs, mos di	ß
If not at place of death?		

Usual residence	********************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BU
Brewerhill Cent-	2. 22.

20 UNDERTAKER larker ADDRESS

Former or



[Approved by U. S. Census and American Public Health Association.]

statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second been changed or given up on account of the disease it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.). eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Aceidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid—probably suicide. The nature of the which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU. V.S.

MARGIN RESE

No.

vi

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT -THIS UNFADING INK carefully supplied. See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms, so CAUSE OF Important. N. B.-

Ounty ann arenal.  Village or City 304 destrict (No. 15)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21
2FULL NAME Infant	St.; Ward)  a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temal. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINGOCED (Write the word)	18 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h 2 alive on Feb 2/ 1919
AGE     It LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 5 ds.
(State or country) Come arendel to me	Contributory (Secondary)  (Buration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)
10 NAME OF FATHER Mrs. Thomas Stallings  11 BIRTHPLACE OF FATHER (State or country) Anne Arendel Com  12 MAIDEN NAME OF MOTHER Farah Colleson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Im. Thomas Stallings	Where was disease contracted, It not at place of death?  Former or usual residence.
Filed Felt 21, 1914. A. S. Bellengoleg REGISTRAR	Magothy M. E. Charef Feb. 24, 181 × 20 UNDERTAKER Denny & armstrong Ballo. Md

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. minc, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Ccrebrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "TUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulzions," "Debility" ("Concause of death approved by Committee on Nomencla dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genltai," "Senile." etc.), ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purpresal scptichae--Kart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis ter" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of \_ Bronchonncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock," "Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BURDAU.T.S.

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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 1243 h	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty	Registration Dist. No. 2/
Village or City Castport (No. Bay)	Pudge Ave St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male, White of the word)	16 DATE OF DEATH Jeba 9 cla , 1914 (Month) (Day (Year)  I HEREBY CERTIFY, That I attended deceased from
Sept 13, 1890 (Month) (Day (Year)	#4 / F , 1914, to , 191 , that I last saw his alive on \$ 5 / \$ , 1914
7 AGE  11 LESS than 1 day, hrs.  23 yrs. 4 mos 27 ds. OR mln.?	and that death occurred on the date stated above, at 4-30.4m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Plusicicular kind of work	furnowy / worrew
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) (Duration) yrs. Mos. ds.
9 BIRTHPLACE (State or country) Unicapolis Md	Gontributory Secondary  (Ouration) yrs mos ds.
10 NAME OF Joseph & Stewart	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) Mew Jusey  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
- Joseph War War	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER OF COUNTRY) New Jersey	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted.
(Interment) Justifich & Stewart	It not at place of death?  Former or  usual residence
(Address) Cartfort QG W MI	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb 10, 1914 Amsmalch REGISTRAR	Cedar Blyf Cent Tely 10, 191 4 29 UNDERTAKER, Jay In S Sove Commossion
If more blanks are needed, address State Regis	tear, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Furmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Loeomotive engineer, been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. is less definite; avoid use of "Tumor" for mang-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU. V.S.

#### FOR BINDING RESERVED MARGIN

No. 1.

02

N. B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No....

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead

1244

	FULL NAME George / Nav	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	ex 4 color or race 5 single, Married, Married, Widowed, Orlored (Write the word)	16 DATE OF DEATH 2 3 ,191 / (Month) (Day (Year)
6 D	ATE OF BIRTH  (Month) (Day (Year)	that I last saw h an alive on HCL 5, 191 4,
TA	(2002)	and that death occurred on the date stated above, at
(a pa	CCUPATION ) Trade, profession, or tricular kind of work	Lobar meurina
bus	) General nature of Industry, siness, or establishment in ich employed (or employer)	(Duration) yrsmosds.
9 B	(State or country) Maryland	Contributory Secondary (Duration) yrs mos ds.
ARENTS	10 NAME OF FATHER CUMMONNE  11 BIRTHPLACE OF FATHER (State or country) Waryland  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal,
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds
	(Informant) Walter Jollera  (Since Informant)	Where was disease contracted,  If not at place of death?  Former or  osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	led Feb. 6 1914 a. H. Penic Perco REGISTRAR	Bristol  20 UNDERTAKER  Policy  ADDRESS  ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is Indefinite): Tuberencess of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

PLACE OF DEATH 1245  County — — ·	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 2/
Village or City amaholis (No. 1/4)	St.; 3 Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, ARDIVORCED (Witte the word)	16 DATE OF DEATH FLOW (Month) (Day (Year)
6 DATE OF BIRTH  Teb- (Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from  191 4, to 191 4,
7 AGE If LESS than f day,hrs. ORmin.?	snd that death occurred on the date stated above, atm.  The CAUSE 977 DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Ouration) yrs mos ds.
(State or country) amaholis Ind.	Contributory Secondary (Doration) yrs mos ds
10 NAME OF Charles Ed Tydings	(Signed) Mubrose Jarea, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) amaholis and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place   In the of deathyrs,mos,ds
(Informant) Charles Cod Sydings	Where was disease contracted, If not at place of death?
(Address) Q Olary St.  15 Filed Feb 11, 1914 Mmg Melch REGISTRAD	19 PLACE OF BURIAL OR REMOVAL  CLASSING EMI. 31 /4 ,1914  20 UNDERTAKER ADDRESS  E. H.B. Larker & Son 92 West 87

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has But in many (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



BINDING ESERVED œ ARGIN

No.

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PHYSICIANS RECORD ŏ statement PERMANENT EXACTLY. classified. pe pinous properly INK supplied. peq UNFADING may that It 20 0 should plain Information = of inform DEATH WRITE See OF

Very OCCUPATION IS certifical terms, on back Instructions Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred in ---Ward) a hospital or institution, give its NAME instead of street and oumber.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended decessed from 191. J., to. allys on Te (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... mln. ? ..... YES. GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in Jann (Ouration) ... which employed (or employer) ... BIRTHPLACE Contributory. Secondary (State or country) (Doration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) ALL OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_ mos. Where was disease contracted, If not at place of death? Former or usual residence ACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaethenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



#### V. S. No. 1.

# N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

O CO 10 0 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/

Palved Ex st; 3 Ward)

[If death occurred is a hospital or lostitution, give its NAME Instead of street and number.]

FULL NAME Frances Wes	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Color or RAGE Single,  MARRIED, Widowed, Widowed, ORDIVERCED (Write the word)	16 DATE OF DEATH Tel / 0 , 1914 (Year)
Month   1 843   1 84	that I last asw here alive on the date stated above, at 6 m.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishmant in which employed (or employer)	Contributory Cestame and
10 NAME OF FATHER UNDERSONS  11 BIRTHPLACE OF FATHER (State or country) UNDERSONS  12 MAIDEN NAME OF MOTHER	(Signed) / (Boration) yrs mos ds.  (Signed) / (Signed) / (Address)
13 BIRTHPLACE OF MOTHER (State or country) Unknown  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Levy Wen Con	18 LENGTH OF RESIDENCE (FOR HORPITALA, INATITUTIONA, TRANSIENTA, or RECENT RESIDENCE (FOR HORPITALA, INATITUTIONA, TRANSIENTA, or RECENT RESIDENCE (FOR HORPITALA, INATITUTIONA, TRANSIENTA, or RECENTAL (FOR HORPITALA, INATITUTIONA, TRANSIENTA, INATITUTIONA,
(Address) Calvely, Ext.  16 Flied Feb // 1914 Impressor  REGISTRAR  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  Brewer Hell Center Hell 3, 1914  20 UNDERTAKER  Samuel Ollar 32. 7. W. Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. ness. If retired from business, that fact may be indl-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement lnjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914
BUREAU, V.S.

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#### State Very should ION is OCCUPATION PHYSICIANS ö statement EXACTLY. Exact properly classified. should AGE supplied. certificate. Carefully 0 0 on back terms, should DEATH in plain See Instructions information

RECORD

PERMANENT

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WRITE PLAINLY, WITH

OF important. Every It

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16

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

Ilt death occurred in a hospital or institution, give its NAME Instead

of street and number.]

MEDIC	AL CERTIFICATE	I DEATH	
16 DATE OF DEATH	Jahruary (Month)		, 191 4 (Year)
July HER	EBY CERTIFY, That	Lattended dec	
that I last saw h		5-	1914
The CAUSE OF DEAT		d above, at	Anna Lancotto III
Johns (	Deenon		***************
	(Duration)		os. 6 de
. Contributory Secondary	***********************************	***********************************	····
111	(Duration)		osds , M. D
	SE CAUSING DEATH, OMEANS OF INJURY; OMICIDAL.	r, in deaths fro and (2) whethe	m Violen
18 LENGTH OF RESIDEN At place of death yrs, Where was disease contract it not at place of death? Former or usual residence	mos ds. State ted,		
Poly Church		Jeb 8	
20 UNDERTAKER	To the co	ADDRESS	

ADDRESS

orwie //



[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Dydemic cerebrospinal meningitis"); Dyphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: thenia." "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (c. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal scotichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopmeumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for



S. No. 1.

RECORD ACE should be stated EXACTLY. I properly classified. Exact statement A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, s.

PHYSICIANS should state of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. Important.

1249 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

ORDINONCED  Write the word)  I HEREBY CERTIFY, That I attended deceased from I LESS than 1 day, whis.  OR min.?  IT LESS than 1 day, whis.  OR min.?  OR min.?  IT LESS than 1 day, whis.  OR min.?  OR min.?  OR min.?  IT LESS than 1 day, whis.  OR min.?  OR	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day (Year)  TAGE  (Month) (Day (Year)  If LESS than 1 day, Q.hrs.  OR min.?  Contributory  Secondary  (Signed)  (Month) (Day (Year)  That I last saw h allve on The 22 - 1914  that I last saw h allve on The 22 - 1914  That I last sa	make (Man.) MARRIED, WIDOWED, ORDIVORCED	(Month) (Day (Year)
if LESS than 1 day, / Q hrs. OR min.?  **BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE* (State or country) franching for particular kind of work.  (Signed)  **Contributory* Secondary  (Ouration) yrs mos ds.  (Signed)  (Signed)	22-,1914	F-6 . 2 2 2 1914, to 191
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) françand -  10 NAME OF FATHER  (Signed)  (Signed)  (Ouration)	<sup>7</sup> AGE if LESS than 1 day.∠Q.hrs.	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) françland  10 NAME OF FATHER  (Signed)  (Ouration) yrs mos ds.  (Signed)  (Signed)	(a) Trade, profession, or particular kind of work	
(State of country) Mary and -  10 NAME OF FATHER (Signed)	business, or establishment in which employed (or employer)	yrsmosds.
FATHER Unknown - (Signed) - Cheatin keary	(State or country) Mary land -	Secondary
11 BIRTHPLACE OF FATHER (State or country)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicipal, or Homicipal.	FATHER Unknown -	
CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF MOTHER Josephine Welliams 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTED	of Mother Josephine Williams	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
At piace of death	(State or country) ann a. Co. Me.	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant). Question Neame. Where was disease contracted, if not at place of death?  Former of usual residence.		If not at place of death?
(Address). Carleigh Heights: Mg 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  16 Person Md. February 1814		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. 29, 1914, N. Bellengeles  REGISTRAR  Po cur du lables  ADDRESS	FII6U	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsnits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman,"

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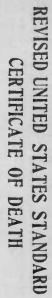
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 7 1914 BURBAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

on on

PLACE OF DEATH 1250	STATE OF MARYLAND
Gounty Come annall	CERTIFICATE OF DEATH
O D L	Registration Dist. No. 26
Village or City lehurchton (No	St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDDWEO, WIDDWEO, WIDDWEO (Write the word)	16 DATE OF DEATH  Hel 5 , 1914  (Month) (Day) (Year)  17   I HEREBY GERTIFY, That I attended deceased from
SDATE OF BIRTH  (Mostin)  (Day)  (Year)	that I set saw him allve on Tel 4 , 1914.
7 AGE If LESS than 1 day,	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Disease
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs
9 BIRTHPLACE (State or country) (In anyland	Contributory (Secondary) (Duration)yrsmosds.
on 11 PIPTHER OF Simmers bood	(Signed) Ses. J. Dens. M. D. 7-16-6, 1914 (Address) blurchton Ind
12 MAIDEN NAME OF MOTHER THE ACT OF MOTHER THE A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
- The special states	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) . Maryland	At place In the of death yrs mos ds. State yrs mos ds.
(Interment). Grace Simmons	If not at place of death?  Former or  usual residence.
(Address) lehurchton Ind.	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  The James Roometers File 7 1914
Filed Flet 6 1914 Seo J. Dent In Do Gestuty local REGISTRAR	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

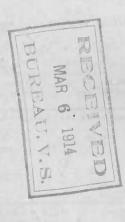


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Turereral scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," genitai," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the -Kart fallure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As eer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT WITH UNFADING INK-THIS WRITE PLAINLY, CAUSE OF Important. S

1251 1 PLACE OF DEATH County Done Danidel

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Llaword (No	St.; Ward)  St.; Ward)  Jense Machel St.; Ward  [If death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomale Magro (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
Jebnus 22 , 1919  (Month) (Day (Year)	that I last asw hallys on
TAGE Steel yrs Smos ds. OR min. ?	and that death occurred on the date stated above, at
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary Secondary (Duration) yrs mos ds.
OF TATHER HOLD RESIDENT  OF THE STATE OF FATHER (State or country)  OF TO NAME OF THE STATE OF T	(Signed) (Aclass J. E. T. J.
13 BIRTHPLACE OF MOTHER (State or country) largeaux  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death? former or
(Address) Howard Machine Council	USUAI residence  UPLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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